U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

File Number U - 2141	2. Fiscal Year Covered From:
. Name and address of person filing.	Name, file number, and address of labor organization.
Name Jeffery A Burton	Name Iupat Lu 804
	Labor Organization File Number 049/56
P.O. Box, Bldg., Room No., if any Po Box 392	P.O. Box, Building and Room Number, if any Po Box 189
Street	Street
city montana Mine	city Horner
State W V ZIP Code + 4 ZG 58	26 State WV ZIP Code + 4 Z 6372-01
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in the control of t	the exclusions set forth in the instructions): with, or derived income or other economic benefit of
Enter appropriate data below If, during the past fiscal year, you or y	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in the content of t	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in the content of t	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in a. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below If, during the past fiscal year, you or y (except as specified in the later of t	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, during the past fiscal year, you or y (except as specified in a. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgon, Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	the exclusions set forth in the instructions): with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1 substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the buyof an employer whose employees your labor organization represents or is actively seeking to represe (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with a Labor Or Trade Name, if any: C. Employer Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any:	nt, or h: ganization
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	ganization
Name	n dealing.
P.O. Box, Bldg., Room No., if any	
Street 11.b. Approximate do	llar value of such dealing. est held or income received.
12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above or from any labor relations consultant to an employer any payment of money or other thing of values and endergon of Employer or Labor Polations Consultant. 13 a. Name and eddress of Employer or Labor Polations Consultant.).
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	ment.